

SUPPLEMENTAL QUESTIONNAIRE PUBLIC HEALTH NURSE I

NAME: _____

Social Security Number _____

Submit this supplement questionnaire together with your application form. Based on your responses to this application supplement, your job-related training and experience will be evaluated using a pre-determined formula. Scores from this evaluation will determine the applicant ranking and placement on the eligible list. Applications submitted without a completed supplemental questionnaire will not be considered.

NOTE: Resumes, letters, and other materials will not be evaluated or considered by the rating panel as responses to the items in the supplement.

INSTRUCTIONS: Mark an "X" in the box that corresponds with your training or experience.

	No Training/ No Experience	Received Training/ No Experience	Less Than 6 Months Experience	7 – 11 Months Experience	1 – 2 Years Experience
Case Management/Home Health Nursing					
Obstetrical, Labor/Delivery, Postpartum Nursing					
Pediatric, Neonatal, Neonatal Intensive Care Nursing					
Multi-Disciplinary Teamwork					
Creating/Implementing Care Plans/Discharge Planning					
Interventions/Referrals					
Monitoring Outcome/Client Follow-Up					
Developing Health Education Materials, Classes, Public Service Announcements					
Identifying Target Populations/Data Collection, Analysis, Evaluation/Epidemiology Nursing					
Immunization/Instruction in Preventive Measures					
Infectious Disease Control/Sexually-Transmitted Diseases/Food-Borne Illnesses					
Diabetes/Hypertension/Heart Disease					
Tobacco-Related Illness/ Tuberculosis/Cancer					

I certify that all the statements made in this application supplement are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in my application being ineligible for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify information.

Signature of Applicant: _____

Date: _____